

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code 0001 0001 NAIC Company Code 12575 Employer's ID Number 20-2833904
(Current) (Prior)

Organized under the Laws of Tennessee State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 445 Great Circle Road Nashville, TN, US 37228
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 445 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 615-743-6600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 445 Great Circle Road Nashville, TN, US 37228
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 445 Great Circle Road
(Street and Number)
Nashville, TN, US 37228 615-743-6600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Glenn Wang 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSCaremark.com 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President Todd Dean Meek Controller Daniel Lee Zablocki #
Vice President and Secretary Edward Chung-I Lee #

OTHER

Kevin James Casey, Senior Investment Officer # Jeffrey James Drzazgowski, Actuary # Tracy Louise Smith, Vice President and Treasurer #

DIRECTORS OR TRUSTEES

Peter Andrew Charles # Todd Dean Meek Melissa Bush Pavlovich #
Tracy Louise Smith # Daniel Lee Zablocki #

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Todd Dean Meek
President

Edward Chung-I Lee
Vice President and Secretary

Daniel Lee Zablocki
Controller

State of..... Arizona
County of..... Maricopa

Subscribed and sworn to before me this

15th day of October, 2019

Susan M Melnik
NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this

28 day of October, 2019

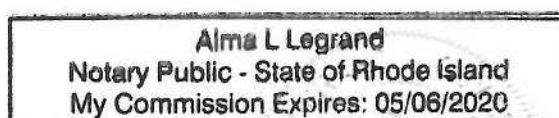
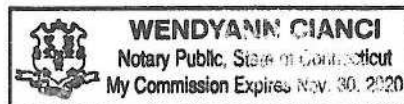
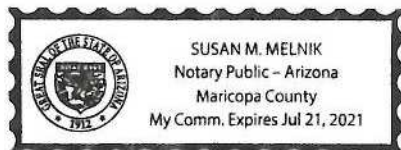
Wendyann Cianci
NOTARY PUBLIC (Seal)

State of..... Rhode Island
County of..... Providence

Subscribed and sworn to before me this

1 day of November, 2019

Alma L Legrand
NOTARY PUBLIC (Seal)



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached.....

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	3,199,250	500,933	2,698,317	2,691,717
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$(11,135,663)), cash equivalents (\$114,540,152) and short-term investments (\$)	103,404,489		103,404,489	123,505,444
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	106,603,739	500,933	106,102,806	126,197,161
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	472,879		472,879	734,275
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	65,148,721	38,078,896	27,069,825	25,164,975
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$159,133,634)	159,133,634		159,133,634	35,996,601
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	402,432		402,432	0
16.2 Funds held by or deposited with reinsured companies	142,289,914		142,289,914	112,646,924
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	1,756,386,503	436,602	1,755,949,901	1,020,234,331
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	36,442,777	2,524,608	33,918,169	33,918,169
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	510,974,576	266,073	510,708,503	598,484,920
24. Health care (\$519,448,822) and other amounts receivable	415,559,058	1,524,572	414,034,486	418,423,697
25. Aggregate write-ins for other than invested assets	21,869,828	21,869,828	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,215,284,061	65,201,512	3,150,082,549	2,371,801,053
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	3,215,284,061	65,201,512	3,150,082,549	2,371,801,053
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Expenses	21,869,828	21,869,828	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	21,869,828	21,869,828	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)			0	7,450,339
2. Accrued medical incentive pool and bonus amounts	81,516		81,516	40,000
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	54,209,815		54,209,815	53,060,616
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	29,333,573		29,333,573	28,899,450
9. General expenses due or accrued	5,997,330		5,997,330	5,668,005
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	39,508,070		39,508,070	36,251,533
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	25,520,020
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	25,027,720
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,043,192,254		2,043,192,254	1,191,039,519
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	2,172,322,558	0	2,172,322,558	1,372,957,202
25. Aggregate write-ins for special surplus funds	XXX	XXX	47,175,000	0
26. Common capital stock	XXX	XXX	2,750,000	2,750,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	124,750,000	124,750,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	803,084,991	871,343,851
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	977,759,991	998,843,851
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,150,082,549	2,371,801,053
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. Section 9010 Special Surplus	XXX	XXX	47,175,000	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	47,175,000	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	42,622,271	43,485,328	58,090,814
2. Net premium income (including \$ non-health premium income).....	XXX	1,940,636,727	2,018,177,382	2,679,597,094
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	121,987,820	133,053,948	13,515,116
4. Fee-for-service (net of \$ medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	18,361,882	20,475,764	27,390,133
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,080,986,429	2,171,707,094	2,720,502,343
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		2,266,817,638	2,401,554,398	2,805,215,985
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		51,895	73,879	209,901
16. Subtotal (Lines 9 to 15)	0	2,266,869,533	2,401,628,277	2,805,425,886
Less:				
17. Net reinsurance recoveries		449,594,946	474,663,948	551,840,212
18. Total hospital and medical (Lines 16 minus 17)	0	1,817,274,587	1,926,964,329	2,253,585,674
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$21,275,580 cost containment expenses		61,502,810	66,323,570	81,330,769
21. General administrative expenses		192,170,031	255,017,545	331,858,127
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	0	2,070,947,428	2,248,305,444	2,666,774,570
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	10,039,001	(76,598,350)	53,727,773
25. Net investment income earned		6,634,058	10,043,952	12,504,114
26. Net realized capital gains (losses) less capital gains tax of \$		4,252		58,090
27. Net investment gains (losses) (Lines 25 plus 26)	0	6,638,310	10,043,952	12,562,204
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$143,855) (amount charged off \$(1,313,844))].....		(1,169,989)	(1,415,827)	(1,774,120)
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	15,507,322	(67,970,225)	64,515,857
31. Federal and foreign income taxes incurred	XXX	3,256,538	468,015	36,253,223
32. Net income (loss) (Lines 30 minus 31)	XXX	12,250,784	(68,438,240)	28,262,634
DETAILS OF WRITE-INS				
0601. Enhanced Medication Therapy Management (eMTM) revenue from CMS	XXX	18,361,882	20,475,764	27,390,133
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	18,361,882	20,475,764	27,390,133
0701.	XXX			0
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				0
1402.				0
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				0
2902.				0
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	998,843,851	965,585,257	965,585,257
34. Net income or (loss) from Line 32	12,250,784	(68,438,240)	28,262,634
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			8,800,621
39. Change in nonadmitted assets	(33,334,644)	(28,896,916)	(3,804,662)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	1	1
48. Net change in capital & surplus (Lines 34 to 47)	(21,083,860)	(97,335,155)	33,258,594
49. Capital and surplus end of reporting period (Line 33 plus 48)	977,759,991	868,250,102	998,843,851
DETAILS OF WRITE-INS			
4701. Rounding		1	1
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	1	1

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,928,266,481	2,015,771,922	2,686,568,211
2. Net investment income	6,888,614	8,997,907	12,073,760
3. Miscellaneous income	18,361,882	20,475,764	27,390,133
4. Total (Lines 1 to 3)	1,953,516,977	2,045,245,593	2,726,032,104
5. Benefit and loss related payments	1,821,818,771	1,781,534,636	2,171,724,892
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	151,803,413	(115,740,038)	505,950,982
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	82,014,129
10. Total (Lines 5 through 9)	1,973,622,184	1,665,794,598	2,759,690,003
11. Net cash from operations (Line 4 minus Line 10)	(20,105,207)	379,450,995	(33,657,899)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,252	0	795,507
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,252	0	795,507
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	711,142	1,096,109
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	711,142	1,096,109
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	4,252	(711,142)	(300,602)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(20,100,955)	378,739,853	(33,958,501)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	123,505,444	157,463,945	157,463,945
19.2 End of period (Line 18 plus Line 19.1)	103,404,489	536,203,798	123,505,444

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,868,345	0	0	0	0	0	0	0	0	4,868,345
2. First Quarter	4,767,029	0	0	0	0	0	0	0	0	4,767,029
3. Second Quarter	4,682,029	0	0	0	0	0	0	0	0	4,682,029
4. Third Quarter	4,690,454									4,690,454
5. Current Year	0									
6. Current Year Member Months	42,622,271									42,622,271
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	2,426,738,264									2,426,738,264
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,577,707,520									2,577,707,520
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	2,271,698,851									2,271,698,851
18. Amount Incurred for Provision of Health Care Services	2,266,869,533									2,266,869,533

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,426,738,264

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health	(441,338,061)	2,263,156,833			(441,338,061)	7,450,339
9. Health subtotal (Lines 1 to 8)	(441,338,061)	2,263,156,833	0	0	(441,338,061)	7,450,339
10. Healthcare receivables (a)		415,559,058			0	418,423,696
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts			81,516		81,516	40,000
13. Totals (Lines 9-10+11+12)	(441,338,061)	1,847,597,775	81,516	0	(441,256,545)	(410,933,357)

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

SilverScript Insurance Company (the “Company”), a Tennessee domiciled insurance company, is a wholly owned subsidiary of Part D Holding Company, L.L.C. (the “Parent”), and a wholly owned indirect subsidiary of CVS Health Corporation (the “Ultimate Parent”). The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance (the “Department”).

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Tennessee for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Tennessee Insurance Law. The National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted practices by the State of Tennessee.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and its practices prescribed and permitted by the State of Tennessee is shown below:

<u>NET INCOME:</u>	<u>SSAP#</u>	<u>F/S Page</u>	<u>F/S Line#</u>	<u>Nine Months Ending September 30, 2019</u>	<u>Year Ending December 31, 2018</u>
(1) SilverScript State Basis (Page 4, Line 32, Column 2 & 4)				\$ 12,250,784	\$ 28,262,634
(2) State Prescribed Practices that increase (decrease) NAIC SAP					
(3) State Permitted Practices that increase (decrease) NAIC SAP					
(4) NAIC SAP (1-2- 3=4)				\$ 12,250,784	\$ 28,262,634
<u>SURPLUS:</u>				<u>September 30, 2019</u>	<u>December 31, 2018</u>
(5) SilverScript State Basis (Page 3, Line 33, Column 3 & 4)				\$ 977,759,991	\$ 998,843,851
(6) State Prescribed Practices that increase (decrease) NAIC SAP					
(7) State Permitted Practices that increase (decrease) NAIC SAP	4	2-Assets	1	(500,933)	(500,693)
(8) NAIC SAP (5-6- 7=8)				\$ 978,260,924	\$ 999,344,544

The Company owns a U.S Treasury bond as a special deposit with the U.S. territory of Puerto Rico. Based on Tennessee Code Ann. §56-1-405, the Company is required to non-admit special deposits held for the benefit of a specific state’s policyholders to the extent that the deposit exceeds liabilities associated with that state’s policyholders. Accordingly, the Company non-admitted its special deposit with Puerto Rico in the same amount of \$501 thousand as of September 30, 2019 and December 31, 2018.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the *Quarterly Statement Instructions* and Statutory Accounting Principles requires management to make estimates and assumptions that affect amounts reported on the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period.

C. Accounting Policy

The Company has adopted accounting policies with respect to particular accounts or transactions which could materially affect its assets, liabilities, capital and surplus or results of operations as follows:

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern (continued)

- (1) Short-term investments, including bonds with an original purchase maturity date of less than one year but greater than three months, are stated at amortized cost using the straight-line method of amortization on premiums or discounts. Cash Equivalents include money market holdings that are stated at fair value, and bonds with an original purchase maturity date of less than three months that are stated at amortized cost using the straight-line method of amortization on premiums or discounts and are classified as cash equivalents.
- (2) Bonds with an original purchase maturity date greater than one year are stated at amortized cost using the straight-line method of amortization on premiums or discounts. None of the Company's bonds became impaired during the nine months ending September 30, 2019.
- (3) As of September 30, 2019 and December 31, 2018, the Company had 10.0 million shares, (\$1 par), of Class A common capital stock authorized, and 2.75 million of such shares issued and outstanding.
- (4) Preferred Stocks: None
- (5) Mortgage Loans: None
- (6) Loan-backed Securities: None
- (7) Investment in Subsidiaries, Controlled and Affiliated Companies: None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies: None
- (9) Derivatives: None
- (10) The Company does not utilize anticipated investment income as a factor in determining premium deficiencies.
- (11) The Company has recorded estimates of incurred but not reported claims for claims paid by external entities and subsequently billed to the Company. Incurred but not reported claims (IBNR) are estimated based on historical experience. At the end of 2nd quarter of 2019, the Company released all IBNRs after evaluating its historical claims data and completion factors. Prescription drug claims under Medicare Part D business are typically reported and adjudicated within a very short period of time and the unreported claims are negligible.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Amounts recorded in the Company's financial statements for pharmaceutical rebates are determined based on the amounts CVS Caremark Part D Services, L.L.C. ("Part D Services"), an affiliate of the Parent Company, expects to collect from various pharmaceutical manufacturers.

D. Going Concern: Not Applicable

2. Accounting Changes and Corrections of Errors

Accounting Changes: None

Corrections of Errors: None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method: None
- B. Statutory Merger: None
- C. Assumption Reinsurance: None
- D. Impairment Loss: None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan Backed Securities: None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- H. Repurchase Agreements Transactions Accounted for as a Sale: None

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

5. Investments (continued)

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None
- J. Real Estate: None
- K. Low-Income Housing Tax Credits (“LIHTC”): None
- L. Restricted Assets:
(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/(Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets	7 Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000 %	0.000 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.000	0.000
c. Subject to repurchase agreements	0	0	0	0	0	0.000	0.000
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.000	0.000
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.000	0.000
g. Placed under option contracts	0	0	0	0	0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	0	0	0	0	0	0.000	0.000
i. FHLB capital stock	0	0	0	0	0	0.000	0.000
j. On deposit with states	3,353,380	3,346,722	6,658	0	3,353,380	0.104	0.106
k. On deposit with other regulatory bodies	500,933	500,693	240	500,933	0	0.016	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.000	0.000
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.000	0.000
n. Other restricted assets	0	0	0	0	0	0.000	0.000
o. Total Restricted Assets	\$ 3,854,313	\$ 3,847,415	\$ 6,898	\$ 500,933	\$ 3,353,380	0.120%	0.106%

- (2) Detail of Assets Pledged as Collateral Not Captured in Other categories: None
- (3) Detail of Other Restricted Assets: None
- (4) Collateral received and reflected as assets within the reporting entity’s financial statements:
None
- M. Working Capital Finance Investments: None
- N. Offsetting and Netting of Assets and Liabilities: None
- O. Structured Notes: None
- P. 5GI Securities: None
- Q. Short Sales: None
- R. Prepayment Penalty and Acceleration Fees: None

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

6. **Joint Ventures, Partnerships and Limited Liability Companies**
- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write-down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.
7. **Investment Income**
- A. Due and accrued income was excluded from surplus on the following basis:
- All investment income due and accrued with amounts over 90 days past due are excluded from surplus.
- B. The total amount excluded was: None
8. **Derivative Instruments**
- None
9. **Income Taxes**
- No material changes
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**
- A., B., C. During the nine months ending September 30, 2019 and the year ending December 31, 2018, the Company did not have any material transfer of assets to affiliates.
- D. The Company reported a gross receivable of \$511.0 million and \$598.8 million from affiliates on line 23 of page 2 as of September 30, 2019 and December 31, 2018, respectively.
- E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure of the Company’s or any related party’s assets or liabilities.
- F. The following is a description of management and service contracts and cost sharing agreements involving the Company and any related party:

In general, the Company relies on its Parent Company and other affiliates under common control of the Ultimate Parent for all support and operations functions. For specific owner/affiliate relationships, please refer to the Organizational Chart contained in Schedule Y.

Except for amounts due to PDPs, all claims paid and incurred are based on amounts billed by the Parent Company and its affiliates for pharmacy claims filled by pharmacies in the Parent Company’s pharmacy network or claims submitted to the Parent Company for pharmacy claims paid by state agencies.

Additionally, all pharmaceutical rebates are received or are recorded as a receivable from Part D Services, which contracts with pharmaceutical manufacturers for such rebates.

As of September 30, 2019 and December 31, 2018, the Company reported a net receivable of \$467.5 million and \$533.1 million from the Parent Company and its affiliates, respectively.

The following is a summary of the financial statement presentation of amounts due from and to the Company’s Parent and affiliates.

Assets, Liabilities, Capital and Surplus	<u>September 30, 2019</u>	<u>December 31, 2018</u>
<i>Taxes payable (lines 9 &10.1)</i>	\$ 43,833,906	\$ 40,155,238
<i>Ceded reinsurance premiums payable (line 11) / (amounts recoverable from reinsurers) (line 16.1)</i>	(402,432)	25,520,020
<i>Amounts due (from) to parent, subsidiaries and affiliates (Page 2, Line 23, Column 1)</i>	(510,974,576)	(598,750,979)
	<u>\$ (467,543,102)</u>	<u>\$ (533,075,721)</u>

Amounts due (from) and to parent, subsidiaries and affiliates is primarily comprised of amounts due for pharmacy claims processed, management fees from Part D Services and intercompany funding. As of September 30, 2019, the Company reported a receivable from affiliates of \$511.0 million, primarily as a result of prefunding of claims activity from Part D Services. The prefunding amount was released with the claims payments in October 2019. *Ceded reinsurance premiums payable* or *amounts recoverable from reinsurers* is related to the Company’s reinsurance agreement with CVS Caremark Indemnity, Ltd. and Accendo Insurance Company (Accendo). Both are affiliates of the Company.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (continued)

The Company pays Part D Services a management fee for sales, accounting, tax, legal, information technology, compliance, claims processing and other administrative functions under a management services agreement that has been filed with the Department. The management fee is assessed on a per-member, per-month ("pmpm") and a per claim basis.

In addition, related to the Company's reinsurance agreement with CVS Caremark Indemnity, Ltd. and Accendo, the Company recognizes a reduction of expenses related to ceded expenses.

The following is a summary of the financial statement presentation of management fees incurred from Part D Services and reinsurance expenses ceded to the CVS Caremark Indemnity, Ltd. and Accendo.

Statement of Revenue and Expenses	<u>September 30, 2019</u>		<u>September 30, 2018</u>	
Management fee				
Claims adjustment expenses(line 20)	\$	101,452,598	\$	106,666,794
General and administrative expenses (line 21)		225,851,203		232,328,759
Total management fee	\$	327,303,801	\$	338,995,553
Reinsurance expenses ceded				
Claims adjustment expenses(line 20)	\$	15,977,728	\$	17,046,419
General and administrative expenses (line 21)		50,035,706		65,255,589
Total reinsurance expenses ceded	\$	66,013,434	\$	82,302,008

Payment terms require the Company to settle with Part D Services all invoiced amounts for claims and service fees thirty days in arrears after the Company receives an invoice. The settlement of rebates happens within ninety days of the beginning of the calendar quarter following receipt of such rebates by Part D Services.

The Company has a written tax-sharing agreement with the Ultimate Parent, and its allocation of the Ultimate Parent's federal and state income and premium taxes is based on the Company's federal and state tax liability determined as if the Company were filing its own separate tax return each year. The Company's tax sharing agreement with the Ultimate Parent provides that the Ultimate Parent will pay the Company for its net operating losses to the extent that such net operating loss is utilized in the reduction of the consolidated federal income tax liability.

As of September 30, 2019 and December 31, 2018, the Company owed the Ultimate Parent \$39.5 million and \$36.3 million, respectively, for federal income taxes, which is reported as *current federal and foreign income tax payable* in the Statement of Liabilities, Capital and Surplus. As of September 30, 2019 and December 31, 2018, the Company owed the Ultimate Parent \$4.3 million and \$3.9 million, for state taxes, which is reported as *general expenses due or accrued* in the Statement of Liabilities, Capital and Surplus. Intercompany tax balances are settled annually.

- G. All outstanding shares of the Company are owned by the Parent Company.
- H. The Company does not own shares of stock of its Parent Company.
- M. The Company does not hold any interest in another company or limited partnership.
- J. The Company did not recognize any impairment write-down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have any investments in a foreign insurance subsidiary.
- L. The Company did not have any investments in a downstream non-insurance holding company.
- M. The Company does not have any subsidiary, controlled and affiliated (SCA) investments.
- N. The Company does not have any investments in insurance SCA's.
- O. SCA Loss Tracking: Not applicable

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No change.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) As of September 30, 2019 and December 31, 2018, the Company had 10.0 million shares, (\$1 par), of Class A common capital stock authorized, and 2.75 million of such shares issued and outstanding.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations (continued)

- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of the domiciliary commissioner, dividends to shareholders are limited by the laws of Tennessee and are based on the restrictions relating to statutory surplus.
- (4) No dividends were paid by the Company during the nine months ending September 30, 2019 and the year ending December 31, 2018.
- (5) The portion of the Company’s profits that may be paid as ordinary dividends is limited by the laws of Tennessee. Tennessee law states that ordinary dividends must follow Tennessee Code Ann. § 56-11-105(e) and Tennessee Code Ann. § 56-11-106(b) for extraordinary dividends. Ordinary dividends are limited to the greater of ten percent of surplus or the net gain from operations for previous twelve months.
- (6) The Company is subject to certain Risk-Based Capital (“RBC”) requirements as specified by the NAIC. Under those requirements, the amount of capital and surplus maintained by a life/health insurance company is to be determined based on the various risk factors related to it. As of September 30, 2019 and December 31, 2018, there were no restrictions placed on the unassigned funds (surplus).
- (7) The Company has no mutual reciprocals or any similarly organized entities.
- (8) The Company does not hold any stock of the Ultimate Parent, including stock of affiliated entities for special purposes.
- (9) The Company had a special surplus of \$47.2 million and \$0 million as of September 30, 2019 and December 31, 2018, respectively. The balance reported as special surplus funds is due to health plan fees incurred under Section 9010 of the Affordable Care Act (“ACA”). There was no special surplus for the year ending December 31, 2018, due to Section 4003 of H.R. 195, Division D – *Suspension of Certain Health-Related Taxes*, which was signed into law on January 22, 2018. Section 4003 suspended the health plan fees for calendar year 2019. Per SSAP No. 106: *Affordable Care Act Section 9010 Assessment*, no segregation of special surplus was needed for the net written premium in 2018 data year.
- (10) As of September 30, 2019 and December 31, 2018, the Company had no unrealized gains or losses.
- (11) The Company did not issue any surplus debenture of similar obligations.
- (12) The Company did not experience an impact of any restatement due to prior quasi-reorganization.
- (13) Not applicable.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments: None
- B. Assessments: None
- C. Gain Contingencies: None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None
- E. Joint and Several Liabilities: None
- F. All Other Contingencies:
 - a. Bad debt write-offs, net of recoveries, totaled \$1.2 million and \$1.4 million as of September 30, 2019 and 2018, respectively. These balances were previously reported as non-admitted assets.

15. Leases

- A. Lessee Operating Lease: None
- B. Lessor Leases: None

16. Information about Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None
- B. Transfer and Servicing of Financial Assets: None
- C. Wash Sales: None

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans: None
- B. ASC Plans

The Company has several Administrative Services Contracts (“ASC”) with Self-Funded Employer Group Waiver Plans (“SF EGWPs”).

For the nine months ending September 30, 2019 and 2018, the gain from operations from ASC uninsured plans is as follows:

September 30, 2019

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical costs incurred	\$ 3,091,700,541	\$ -	\$ 3,091,700,541
b. Gross administrative fees accrued	83,140,645	-	83,140,645
c. Other income or expense (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	(3,171,881,575)	-	(3,171,881,575)
e. Total Net Operations	\$ 2,959,611	\$ -	\$ 2,959,611

September 30, 2018

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical costs incurred	\$ 2,944,389,446	\$ -	\$ 2,944,389,446
b. Gross administrative fees accrued	79,856,893	-	79,856,893
c. Other income or expense (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	(3,021,310,605)	-	(3,021,310,605)
e. Total Net Operations	\$ 2,935,734	\$ -	\$ 2,935,734

C. Medicare and other Similarly Structured Cost Based Reimbursement Contract:

- (1) Revenue and prescription drug amounts for the nine months ending September 30, 2019 and 2018, exclude \$8,818.1 million and \$8,543.5 million, respectively, in subsidies from the Centers for Medicare and Medicaid Services (“CMS”) for catastrophic reinsurance subsidies, low income cost sharing subsidies (“LICS”) and the coverage gap discount program (“CGDP”) pursuant to the Company’s contracts with CMS.
- (2) As of September 30, 2019 and December 31, 2018, the admitted *amounts receivable relating to uninsured plans* includes the following:

	09/30/2019	12/31/2018
CMS settlements - 2018	\$ 528,906,055	\$ 360,405,087
First United American & United American CMS settlements	-	25,027,720
Coverage gap discount receivable	967,159,873	413,332,544
Unbilled group receivable	259,765,638	221,226,162
Billed group receivable	118,334	242,818
Total amounts receivable related to uninsured plans	\$ 1,755,949,901	\$ 1,020,234,331

Settlement amounts due to or from CMS for a plan year for LICS and drugs covered by the catastrophic reinsurance feature are typically settled in the fourth quarter of the following year. These CMS settlements are related to LICS and drugs covered by the catastrophic reinsurance feature. As of September 30, 2019 and December 31, 2018, the Company recorded a CMS settlement receivable of \$528.9 million and \$360.4 million for the plan year 2018, respectively. As of December 31, 2018, the Company also recorded a receivable from CMS for \$25.0 million for the settlements due to First United American and United American as part of the reinsurance agreement, effective July 1, 2016. CMS settled these 2016 contracts in March 2019.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (continued)**

Coverage gap discount receivable represents amounts invoiced or to be invoiced by CMS to pharmaceutical manufacturers on the Company’s behalf. Fluctuations in this balance are due to timing of when CMS invoices the pharmaceutical manufacturers and when collections are received by the Company.

Unbilled group receivables primarily represents the last week of claims for the month that are billed to the respective SF EGWPs the first week of the following month.

As of September 30, 2019 and December 31, 2018, *amounts payable relating to uninsured plans* includes the following:

	<u>09/30/2019</u>	<u>12/31/2018</u>
CMS settlements - 2019	\$ 309,720,692	-
Reopener payables	66,802,761	76,616,720
SF EGWP client payables	1,666,668,801	1,073,347,993
Coverage gap discount payable	-	41,074,806
Total amounts payable related to uninsured plans	\$ 2,043,192,254	\$ 1,191,039,519

Reopener payables represent accruals for prior plan years that are due back to CMS, and are the result of retro-activity that happens after the initial settlement with CMS. Reopeners are settled with CMS according to CMS time table which is approximately 5 years after the initial settlement with CMS.

SF EGWP client payables represent the amounts due back to SF EGWP clients for LICs and reinsurance subsidies the Company will collect from CMS on their behalf. The Company expects to collect the LICs and reinsurance subsidies in the fourth quarter of the following plan year and the Company will settle the payable to SF EGWPs at that time. The balance also includes the rebates collected from pharmaceutical manufacturers on the client’s behalf.

Coverage gap discount payable represents the amounts due back to CMS after invoices have been sent to pharmaceutical manufacturers.

- (3) As of September 30, 2019 and December 31, 2018, there were no allowances or reserves for adjustment of recorded revenues.
- (4) The Company has made no adjustment to revenue resulting from audits of receivables related to revenues recorded in the prior period.

19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None

20. **Fair Value Measurements**

SSAP 100R, *Fair Value*, defines fair value, establishes a framework for measuring fair value under accounting principles generally accepted in the United States, and enhances disclosures about fair value measurements. SSAP 100R provides guidance on how to measure fair value when required under existing accounting standards.

The Statement establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels (“Level 1, 2 and 3”) and net asset value (NAV) after initial recognition.

Level 1 inputs are observable inputs that reflect quoted prices for identical assets or liabilities in active markets the Company has the ability to access at the measurement date. Level 2 inputs are observable inputs, other than quoted prices included in Level 1, for the asset or liability. Level 3 inputs are unobservable inputs reflecting the Company’s estimates of the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The hierarchy requires the use of market observable information when available for assessing fair value. As the fair value of the Company’s U.S. Treasury securities are based on unadjusted market prices, they are classified within Level 1.

The following methods and assumptions were used by the Company in estimating the “fair value” disclosures for financial instruments in the accompanying financial statements and notes thereto:

Cash, cash equivalents and short-term investments: The carrying amounts reported in the accompany balance sheets for these financial instruments approximate their fair values.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

20. Fair Value Measurements (continued)

Investment Securities: Fair values for bonds are based on the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Company utilizes the three-level valuation hierarchy for the recognition and disclosure of fair value measurements. The categorization of assets and liabilities within this hierarchy is based upon the lowest level of input that is significant to the measurement of fair value. The three levels of the hierarchy consist of the following

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- Level 2 - Inputs to the valuation methodology are quoted prices for similar assets and liabilities in active markets, quoted prices in markets that are not active or inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the instrument.
- Level 3 - Inputs to the valuation methodology are unobservable inputs based upon management’s best estimate of inputs market participants could use in pricing the asset or liability at the measurement date, including assumptions about risk.

Investment reported at NAV is not captured within fair value hierarchy, but separately identified.

- A.
- (1) Fair Value Measurements at Reporting Date:

September 30, 2019

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at fair value					
Cash	\$ (11,135,663)	\$ -	\$ -	\$ -	\$ (11,135,663)
Cash equivalents and Short-Term Investments	114,540,152	-	-	-	114,540,152
Total Assets at fair value/NAV	\$ 103,404,489	\$ -	\$ -	\$ -	\$ 103,404,489

December 31, 2018

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at fair value					
Cash	\$ (8,136,644)	\$ -	\$ -	\$ -	\$ (8,136,644)
Cash equivalents and Short-Term Investments	131,642,088	-	-	-	131,642,088
Total Assets at fair value/NAV	\$ 123,505,444	\$ -	\$ -	\$ -	\$ 123,505,444

There have been no transfers between Level 1 and Level 2 of the Fair Value Hierarchy in the current reporting period.

- (2) Fair Value Measurement (Level 3) of the Fair Value Hierarchy: Not Applicable
- (3) Fair Value Measurement (Level 3) Transfers: Not Applicable
- (4) Inputs for Valuation of Fair Value of Level 2 and Level 3 Investments: Bank valuation provided in monthly statements is utilized to estimate fair market value.
- (5) Fair Value of Derivative Assets and Liabilities: Not Applicable
- B. Other Accounting Pronouncements: Not Applicable
- C. Aggregate fair value for all financial instruments at reporting date:

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

20. Fair Value Measurements (continued)

September 30, 2019								
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)	
Bonds	\$ 3,389,783	\$ 2,698,317	\$ 3,389,783	\$ -	\$ -	\$ -	\$ -	-
Cash	\$ (11,135,663)	\$ (11,135,663)	\$ (11,135,663)	\$ -	\$ -	\$ -	\$ -	-
Cash equivalents and Short-Term	\$ 114,540,152	\$ 114,540,152	\$ 114,540,152	\$ -	\$ -	\$ -	\$ -	-

December 31, 2018								
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)	
Bonds	\$ 3,334,198	\$ 2,691,717	\$ 3,334,198	\$ -	\$ -	\$ -	\$ -	-
Cash	\$ (8,136,644)	\$ (8,136,644)	\$ (8,136,644)	\$ -	\$ -	\$ -	\$ -	-
Cash equivalents and Short-Term	\$ 131,642,088	\$ 131,642,088	\$ 131,642,088	\$ -	\$ -	\$ -	\$ -	-

D. Not Practicable to Estimate Fair Value

As of September 30, 2019 and December 31, 2018, the Company did not own any financial instruments that were not practicable to estimate fair value.

Money market funds in active markets are classified within Level 1 as fair values are based on quoted market prices.

As of September 30, 2019 and December 31, 2019, the same amounts of bonds and cash equivalents with an admitted asset value of \$2.7 million and \$0.7 million, respectively, were on deposit with state insurance and other departments to satisfy regulatory requirements.

Management regularly reviews the value of the Company’s investments. If the value of any investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been below cost;
- The financial condition and near-term prospects of the issuer of the security, including any specific events that may affect its operations or earnings potential; and
- Management’s intent and ability to hold the security long enough for it to recover its value.

Based on that analysis, management makes a judgment as to whether the loss is other-than-temporary. If the loss is other-than-temporary, an impairment charge is recorded within net realized investment gains (losses) in the statements of operations in the period the determination is made. For the nine months ending September 30, 2019 and the year of 2018, the Company recognized a capital gain of \$4 thousand and \$227 thousand related to the callbacks of impaired Puerto Rico bond, respectively. The Company also recognized a capital loss of \$0 and \$169 thousand as a result of the impairments to Puerto Rico bonds during the nine months of 2019 and the year 2018, respectively.

E. Investments Measured Using the NAV Practical Expedient: Not applicable

21. Other Items

- A. Unusual or Infrequent Items: None
- B. Troubled Debt Restructuring - Debtors: None
- C. Other Disclosures: None
- D. Business Interruption Insurance Recoveries: None
- E. State Transferable and Non-transferable Tax Credits: None

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

21. Other Items (continued)

- F. Subprime-Mortgage-Related Risk Exposure: None
- G. Retained Assets: None
- H. Insurance Linked Securities (ILS) Contracts: None

22. Events Subsequent

The Company has assessed and concluded that there were no other material subsequent events, through November 12, 2019, the date which the financial statements were available to be issued.

23. Reinsurance

A. Ceded Reinsurance Report

The Company purchased the Medicare Part D business (CMS contracts S5755 and S5580) from First United American and its affiliate United American on July 1, 2016. As of July 1, the parties separately entered into a novation agreement, pursuant to which SilverScript assumed responsibility as the sponsor of the individual Medicare PDPs of First United American and United American.

The individual PDPs continued in force without an interruption in benefits or services. For the remainder of the 2016 PDP plan year only, First United American and United American assumed as reinsurer, pursuant to the Reinsurance Agreement, and continued to operate the PDP business. The Reinsurance Agreement provides that First United American and United American shall assume one hundred percent (100%) of the 2016 PDP Plan liabilities on an indemnity reinsurance basis.

The Company has a quota share reinsurance agreement with an affiliate of the Parent Company, CVS Caremark Indemnity, Ltd., a Bermuda domiciled insurer. Under the terms of this agreement, the Company cedes a percentage of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses. This agreement was amended in 2017. The percentage risk ceded decreased from 20% to 15%, effective January 1, 2018. The original agreement was approved by the Department on August 15, 2011, and was retroactive to January 1, 2011.

The Company also has a quota share reinsurance agreement with another affiliate of the Parent Company, Accendo Insurance Company, a Utah domiciled insurer. Under the terms of this agreement, the Company cedes 5% of the Company's share of the risk associated with individual and group premiums, claims and administrative expenses. This agreement was effective January 1, 2018.

The following is a financial summary of the ceded amounts and related expenses under these agreements:

	<u>Nine months ending</u> <u>September 30, 2019</u>		<u>Year ending</u> <u>December 31, 2018</u>	
Statement of Revenue and Expense:				
Premiums and other revenue	\$	519,673,442	\$	684,020,399
Benefits		(449,594,946)		(551,840,212)
Commissions expense		(65,900,653)		(104,941,438)
Interest expense		(112,781)		396,738
Total revenue and expense ceded	\$	4,065,062	\$	27,635,487
Balance Sheet:				
Claims unpaid	\$	-	\$	1,011,673
Accrued retrospective premiums		(38,398,721)		(9,417,286)
Premiums received in advance		6,745,648		6,645,856
Premiums receivable		(6,767,456)		(6,291,243)
Accrued incentive pool		20,379		10,000
Healthcare Receivable		(103,889,764)		(104,605,924)
Total ceded balance sheet Items	\$	(142,289,914)	\$	(112,646,924)
Unsettled Prior Year Balance	\$	(4,467,494)	\$	(2,115,468)
Funds held by or deposited with reinsured companies	\$	481,140,132	\$	675,354,464
Funds held under reinsurance treaties with unauthorized reinsurers		(623,832,478)		(762,481,368)
Amount due to Accendo & CVS Caremark Indemnity, Ltd.	\$	(142,692,346)	\$	(87,126,904)

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

23. Reinsurance (continued)

- B. Uncollectible Reinsurance: None
- C. Commutation of Ceded Reinsurance:

The Company did not commute any ceded reinsurance nor did it enter into or engage in any agreement that reinsures policies or contracts that were in-force or had existing reserves as of the effective date of such agreements.

- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company's Medicare Part D contract with CMS contains a risk corridor feature. Due to the risk corridor feature, the Company's business is accounted for as a retrospectively rated contract. The Company estimates retrospective premium adjustments using a mathematical approach based on the Company's underwriting experience. As of September 30, 2019 and December 31, 2018 accrued retroactive premium adjustments were reported as *aggregate health policy reserves* in the amount of \$54.2 million and \$53.1 million, respectively, and as *accrued retrospective premiums and contracts subject to redetermination* of \$159.1 million and \$36.0 million, respectively, for different plan years.
- B. The Company records the risk corridor adjustment as an adjustment to earned premiums.
- C. The amount of net direct premiums written by the Company during the nine months ending September 30, 2019 and 2018 that was subject to the retrospective rating feature was \$2,384.3 million and \$2,485.0 million, respectively, which represented 98.2%, and 98.4%, respectively, of the total premiums written, excluding risk corridor adjustment.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act: There was no MLR recorded during the first nine months of 2019 and the year ending December 31, 2018.
- E. Risk Sharing Provisions of the ACA: The Company only offers health insurance coverage under Medicare Part D and is not a qualified health plan under the definition of the ACA.

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. The following table provides a reconciliation of the beginning and ending balances of claims unpaid, accruals for medical incentive pool and bonus, and health care receivables as follows:

	Nine months Ending September 30, 2019	Year Ending December 31, 2018
Balances as of January 1:		
Reserves for unpaid claims	\$ 7,450,339	\$ 4,960,450
Health Care Receivable	(418,423,697)	(498,464,936)
Reserve for incentive pools	40,000	710,346
	<u>\$ (410,933,358)</u>	<u>\$ (492,794,140)</u>
Incurred related to:		
Current year	\$ 1,847,597,774	\$ 2,256,511,817
Prior year	(30,323,187)	(2,926,143)
	<u>\$ 1,817,274,587</u>	<u>\$ 2,253,585,674</u>
Paid (received) related to:		
Current year	\$ 2,263,156,832	\$ 2,670,848,821
Prior year	(441,338,061)	(499,123,929)
	<u>\$ 1,821,818,771</u>	<u>\$ 2,171,724,892</u>
Balances as of September 30, 2019 and December 31, 2018:		
Reserves for unpaid claims	\$ -	\$ 7,450,339
Health Care Receivable	(415,559,058)	(418,423,697)
Reserve for incentive pools	81,516	40,000
	<u>\$ (415,477,542)</u>	<u>\$ (410,933,358)</u>

Changes in prior year reserves are generally the results of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding claims. It is at least reasonably possible that a further change in reserves for prior years could occur within one year from the date of these financial statements and that such a change in these estimates could be material to the financial statements.

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses (continued)

During the first nine months of 2019 and the year of 2018, the Company experienced \$30.3 million and \$2.9 million, respectively, of favorable prior year claims development, all of which was related to retrospectively rated policies. This favorable development occurred primarily due to favorable pharmaceutical rebates related to the prior year credits to the Company by Part D Services and the favorable changes of IBNR reserves. In addition, there were changes in the valuation of settlement amounts with CMS and favorable claim run-out activities related to prior years.

B. There were changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense during the nine months of 2019. The Company released all IBNRs during the second quarter of 2019 after evaluating its historical claims data and completion factors. Prescription drugs claims under Medicare Part D business are typically reported and adjudicated within a very short period of time. The Company considers the potential unreported claims as negligible and no reserves are deemed as necessary.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The following is a summary of the Company’s *Health Care and Other Amounts Receivable* as of September 30, 2019 and December 31, 2018, respectively. The amounts are presented gross of non-admitted receivable but net of reinsurance ceded:

		<u>09/30/2019</u>	<u>12/31/2018</u>
Pharmaceutical Rebates Receivable	\$	81,842,192	\$ 51,382,707
Performance Network Rebate Receivable		333,716,866	367,040,990
Total Health Care and Other Amounts Receivable	\$	415,559,058	\$ 418,423,697

A. Pharmaceutical Rebates Receivables:

The Company has contracted with Part D Services for pharmaceutical rebates. Amounts recorded in the Company’s financial statements are determined based on the amounts the Part D Services has collected or expects to collect as invoiced or otherwise confirmed by Part D Services. The Company reported a pharmaceutical rebate receivable of \$81.8 million and \$51.4 million, net of reinsurance ceded, as of September 30, 2019 and December 31, 2018, respectively. All rebates are determined to be received within 90 days after Part D Services receives the payments from manufactures. The pharmaceutical rebates receivables reported below are gross of reinsurance ceded.

Quarter	Estimated Pharmacy Rebates Pertaining to Current Quarter Scripts Filled and as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/2019	\$ 2,028,740,752	\$ 2,028,740,752	\$ 1,926,438,013	\$ -	\$ -
06/30/2019	2,045,546,398	2,043,561,638	2,043,561,638	-	-
03/31/2019	1,975,150,308	1,992,509,281	1,992,509,281	-	-
12/31/2018	1,846,062,623	1,828,497,515	1,828,497,515	-	-
09/30/2018	1,827,685,233	1,835,797,890	1,835,797,890	-	-
06/30/2018	1,814,545,295	1,808,068,302	1,808,068,302	-	-
03/31/2018	1,754,618,121	1,757,782,791	1,757,782,791	-	-
12/31/2017	1,513,146,853	1,513,011,343	1,513,011,343	-	-
09/30/2017	1,468,927,054	1,468,572,519	1,468,572,519	-	-
06/30/2017	1,499,381,807	1,496,606,489	1,496,606,489	-	-
03/31/2017	1,418,953,584	1,469,210,952	1,469,210,952	-	-
12/31/2016	1,512,431,283	1,514,522,753	1,514,522,753	-	-

B. Risk Sharing Receivables:

None

Other Healthcare Receivables:

CVS Part D Services, the Company’s pharmacy benefit manager, has a pharmacy network that includes a retrospective performance network rebate (PNR). The PNR is performance based upon whether the participating pharmacies have met certain pre-established criteria in the contract. The PNR is calculated by multiplying the applicable claims with a variable network rate based on the actual performance. The PNR agreements for both 2019 and 2018 have three performance measurement periods (measurement period), ending April 30, August 31, and December 31,

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

Notes to Financial Statement

- 28. Health Care Receivables (continued)**
- respectively. The PNR receivables fit the category of Other Health Care Receivables per SSAP No. 84 Health Care and Government Insured Plan Receivables.
- 29. Participating Policies**
- None
- 30. Premium Deficiency Reserves**
- None
- 31. Anticipated Salvage and Subrogation**
- None

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [X] No []

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
On July 24, 2019, Aetna Better Health of Iowa Inc. changed its name to Aetna Health of Ohio Inc.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000064803

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [] No [X] N/A []

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2013

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2013

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/17/2015

6.4

By what department or departments?
State of Tennessee, Department of Commerce & Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
Removed the content relating to the Caremark Corporate Integrity Agreement as the Corporate Integrity Agreement expired in March 2019
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0
13.

Amount of real estate and mortgages held in short-term investments:

\$0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [X]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0
- 16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of America, N.A.	2000 Clayton Rd. 5th floor, Concord, CA 94520
Bank of America, N.A.	200 N College Street, Charlotte, NC 28255
Regions Bank	400 West Capitol, Little Rock, AR 72201
Wells Fargo	1021 E. Cary Steet, Richmond, VA 23219
US Bank	225 Water Street, Ste. 700, Jacksonville, FL 32202
Xerox State & Local Solutions, Inc.	100 Hancock Street, 10th Floor, Quincy, MA 02171
State Street Bank and Trust Company	801 Pennsylvania Avenue Kansas City, MO 64105

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [X] No []
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
	State Street Bank and Trust Company	08/23/2019	New custodian

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No [X]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

89.1 %

1.2 A&H cost containment percent

1.0 %

1.3 A&H expense percent excluding cost containment expenses

11.3 %

2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

.\$

2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

.\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No []

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, etc.	1	Direct Business Only							
	Active Status (a)	2	3	4	5	6	7	8	9
		Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	38,651,354					38,651,354	
2. Alaska	AK	L	745,702					745,702	
3. Arizona	AZ	L	24,368,422					24,368,422	
4. Arkansas	AR	L	38,941,305					38,941,305	
5. California	CA	L	282,217,981					282,217,981	
6. Colorado	CO	L	19,293,349					19,293,349	
7. Connecticut	CT	L	31,020,943					31,020,943	
8. Delaware	DE	L	7,000,117					7,000,117	
9. District of Columbia	DC	L	3,653,889					3,653,889	
10. Florida	FL	L	231,684,925					231,684,925	
11. Georgia	GA	L	79,523,433					79,523,433	
12. Hawaii	HI	L	3,428,038					3,428,038	
13. Idaho	ID	L	11,024,161					11,024,161	
14. Illinois	IL	L	77,646,499					77,646,499	
15. Indiana	IN	L	52,143,602					52,143,602	
16. Iowa	IA	L	30,198,525					30,198,525	
17. Kansas	KS	L	30,179,879					30,179,879	
18. Kentucky	KY	L	43,414,468					43,414,468	
19. Louisiana	LA	L	50,444,860					50,444,860	
20. Maine	ME	L	5,846,291					5,846,291	
21. Maryland	MD	L	41,038,652					41,038,652	
22. Massachusetts	MA	L	70,955,478					70,955,478	
23. Michigan	MI	L	55,247,926					55,247,926	
24. Minnesota	MN	L	39,002,155					39,002,155	
25. Mississippi	MS	L	45,772,515					45,772,515	
26. Missouri	MO	L	73,108,765					73,108,765	
27. Montana	MT	L	10,246,593					10,246,593	
28. Nebraska	NE	L	18,094,050					18,094,050	
29. Nevada	NV	L	7,402,468					7,402,468	
30. New Hampshire	NH	L	8,410,469					8,410,469	
31. New Jersey	NJ	L	72,702,834					72,702,834	
32. New Mexico	NM	L	15,146,514					15,146,514	
33. New York	NY	L	150,622,088					150,622,088	
34. North Carolina	NC	L	85,932,460					85,932,460	
35. North Dakota	ND	L	9,893,100					9,893,100	
36. Ohio	OH	L	91,375,541					91,375,541	
37. Oklahoma	OK	L	42,499,129					42,499,129	
38. Oregon	OR	L	20,096,950					20,096,950	
39. Pennsylvania	PA	L	99,047,170					99,047,170	
40. Rhode Island	RI	L	6,540,765					6,540,765	
41. South Carolina	SC	L	42,804,851					42,804,851	
42. South Dakota	SD	L	9,630,852					9,630,852	
43. Tennessee	TN	L	49,603,035					49,603,035	
44. Texas	TX	L	120,821,127					120,821,127	
45. Utah	UT	L	9,043,923					9,043,923	
46. Vermont	VT	L	9,079,128					9,079,128	
47. Virginia	VA	L	52,296,449					52,296,449	
48. Washington	WA	L	39,294,272					39,294,272	
49. West Virginia	WV	L	22,312,418					22,312,418	
50. Wisconsin	WI	L	41,599,671					41,599,671	
51. Wyoming	WY	L	5,429,866					5,429,866	
52. American Samoa	AS	N						0	
53. Guam	GU	L	12,311					12,311	
54. Puerto Rico	PR	L	220,868					220,868	
55. U.S. Virgin Islands	VI	L	24,379					24,379	
56. Northern Mariana Islands	MP	L	1,749					1,749	
57. Canada	CAN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX		2,426,738,264	0	0	0	0	2,426,738,264	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	XXX		2,426,738,264	0	0	0	0	2,426,738,264	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....55

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

N - None of the above - Not allowed to write business in the state.....2

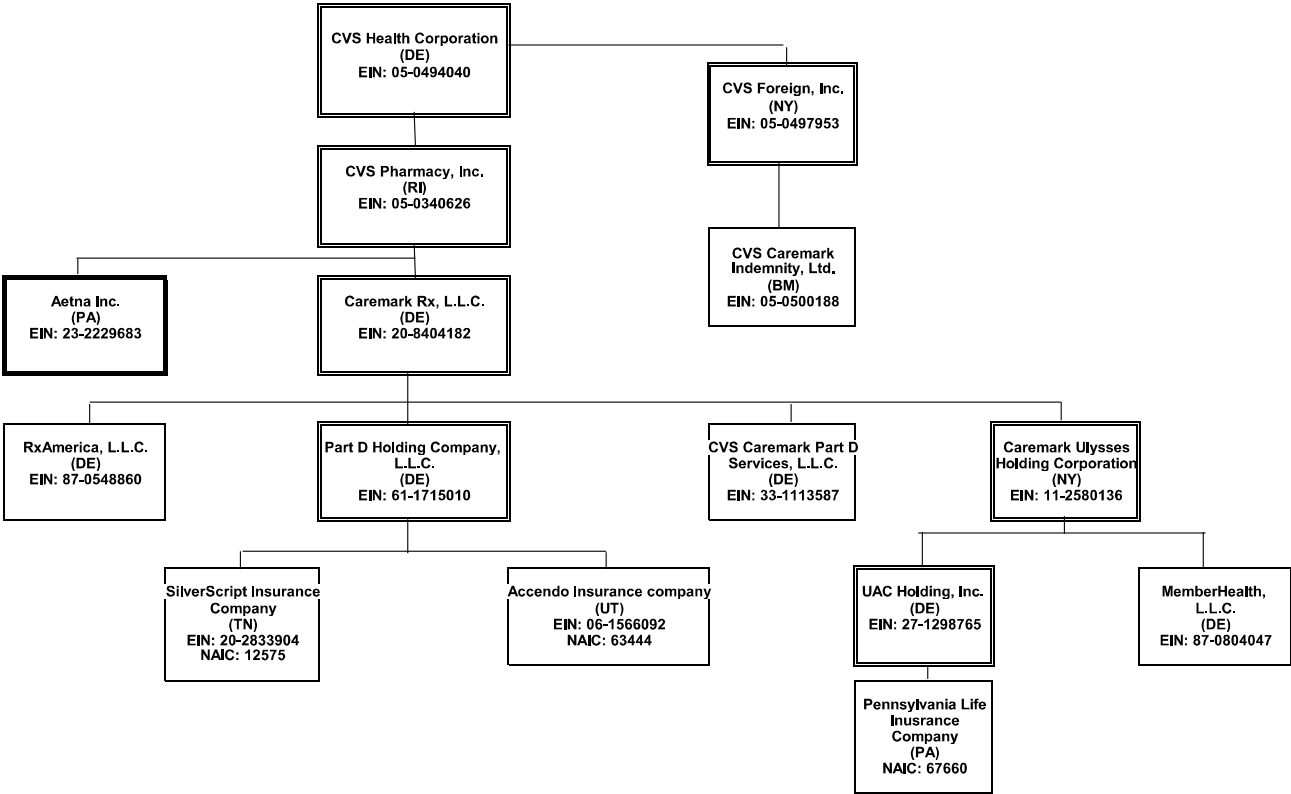
R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.....0

The basis of the allocation by state is the residency of the member.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

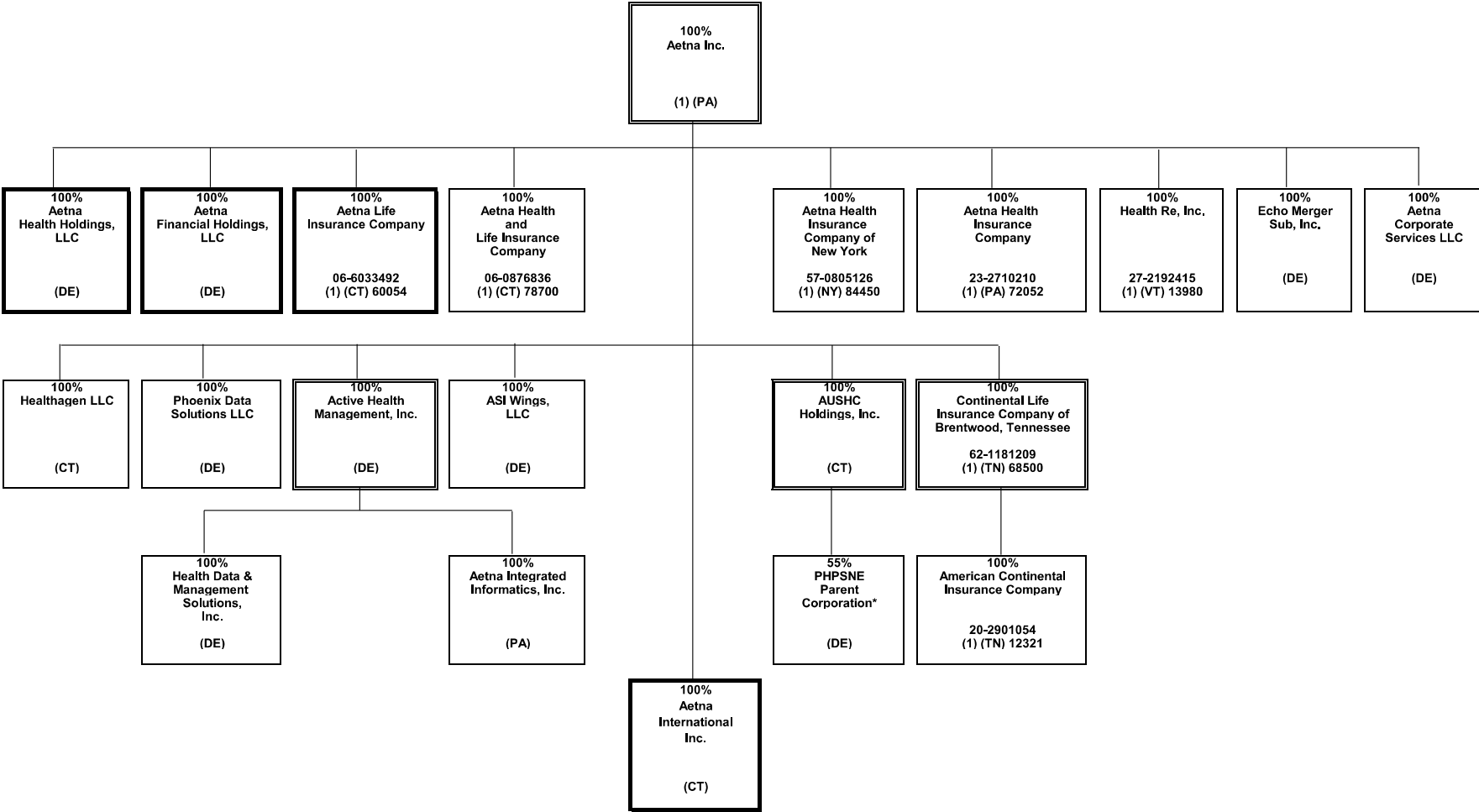
Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

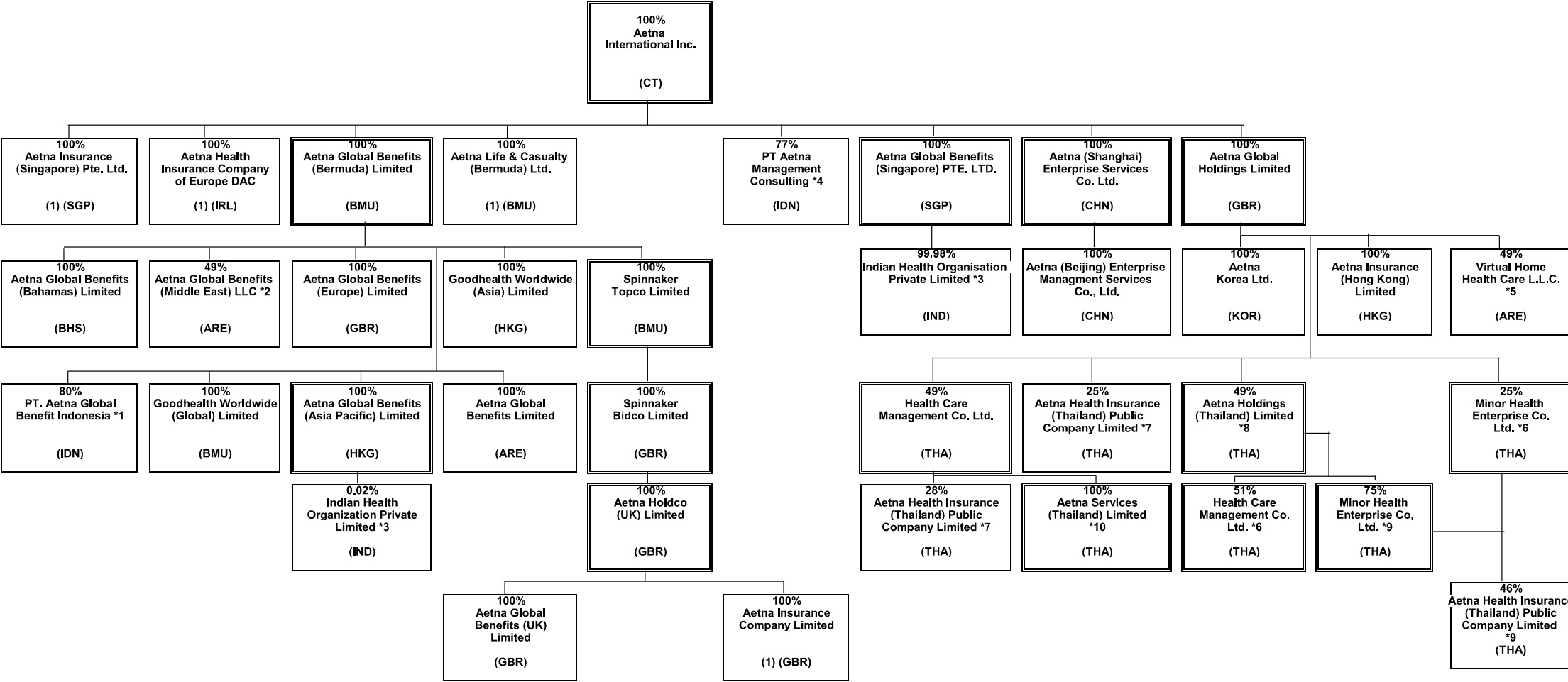
PART 1 - ORGANIZATIONAL CHART



* PHPSNE Parent Corporation is also 45% owned by third parties.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

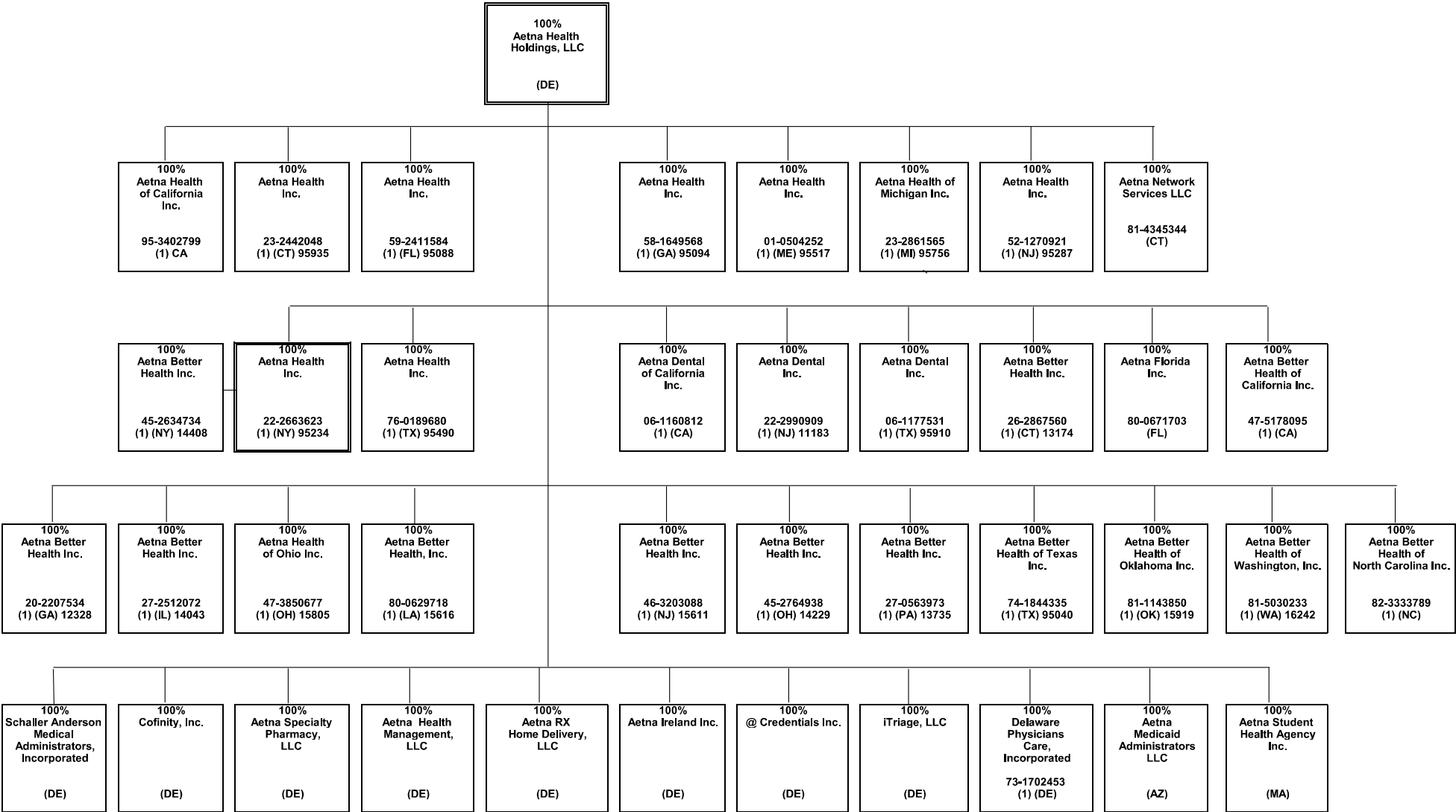
PART 1 - ORGANIZATIONAL CHART



*1 PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.
*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.
*3 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
*4 PT Asuransi Aetna Asia is also 23% owned by PT Asuransi Central Asia.
*5 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee
*6 Health Care Management Co. Ltd. Is also owned by Aetna Global Benefits (Bermuda) Limited (1 share).
*7 Aetna Health Insurance (Thailand) Public Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Mr. Sansanapongpherchar (1 Share), Mr. Jitphasong Itsaraphakded (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tamphragom (1 Share)
*8 Aetna Holdings (Thailand) Limited is aslo 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.
*9 Minor Health Enterprise Co. Ltd is is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited
*10 Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

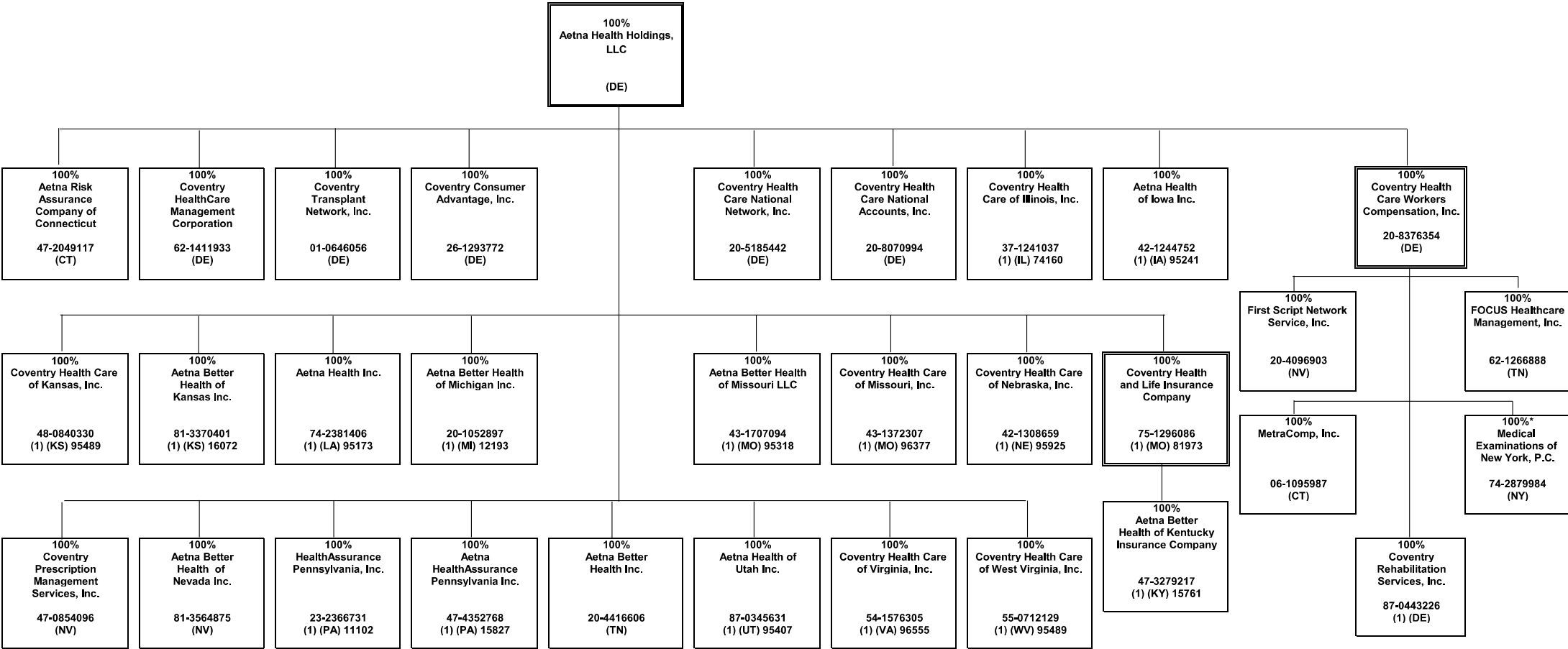
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

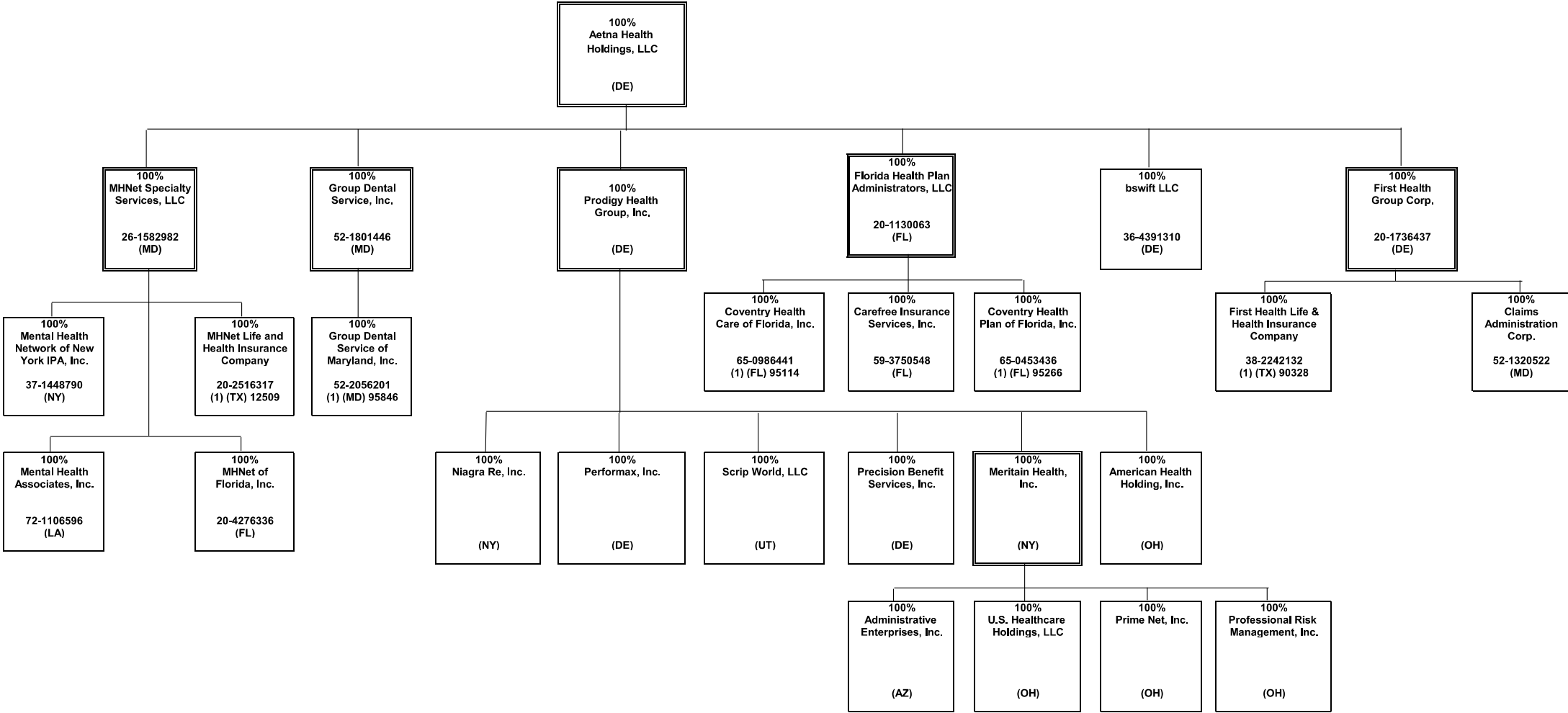
PART 1 - ORGANIZATIONAL CHART



*100% owned through Aetna's nominees

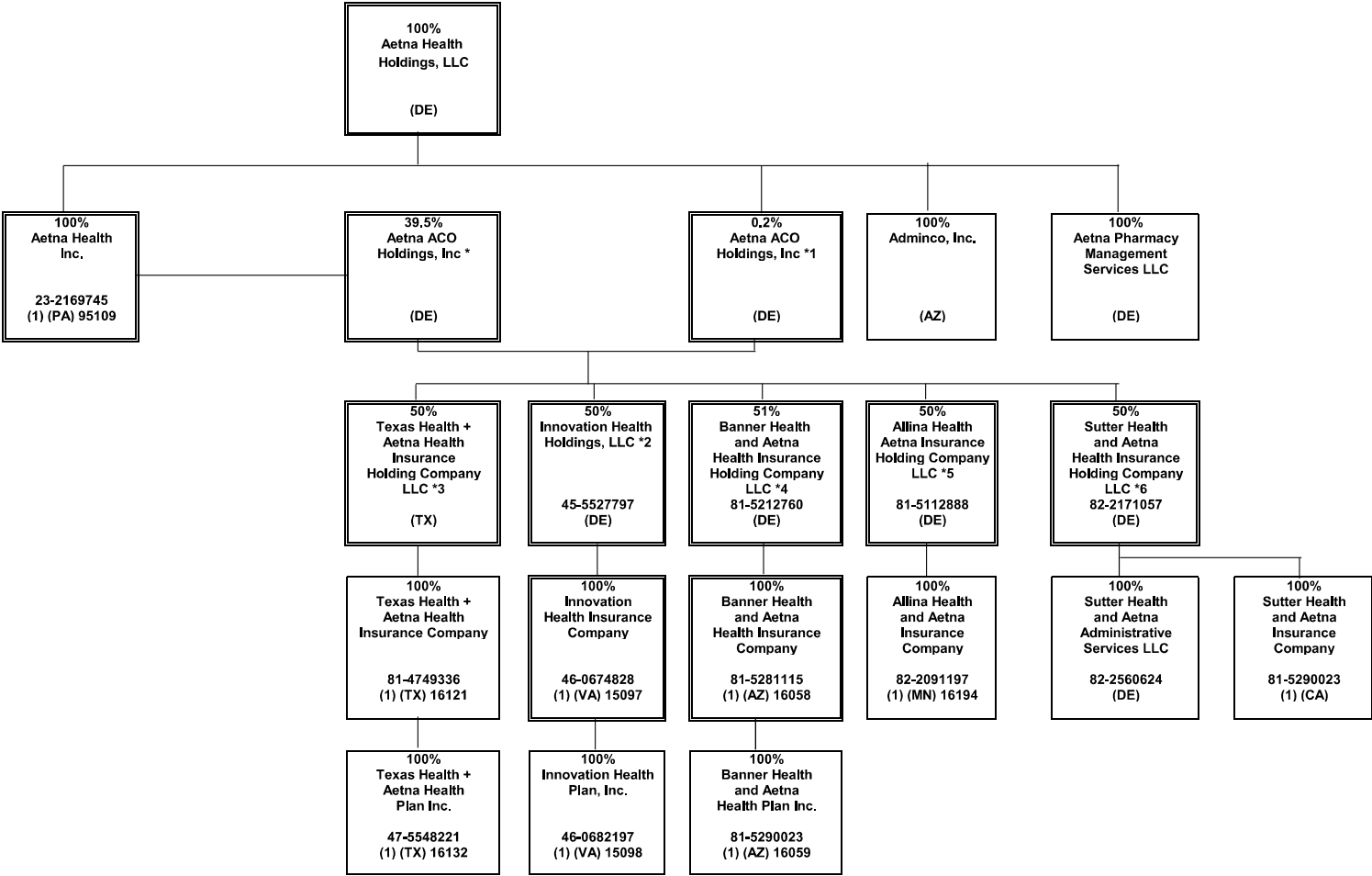
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

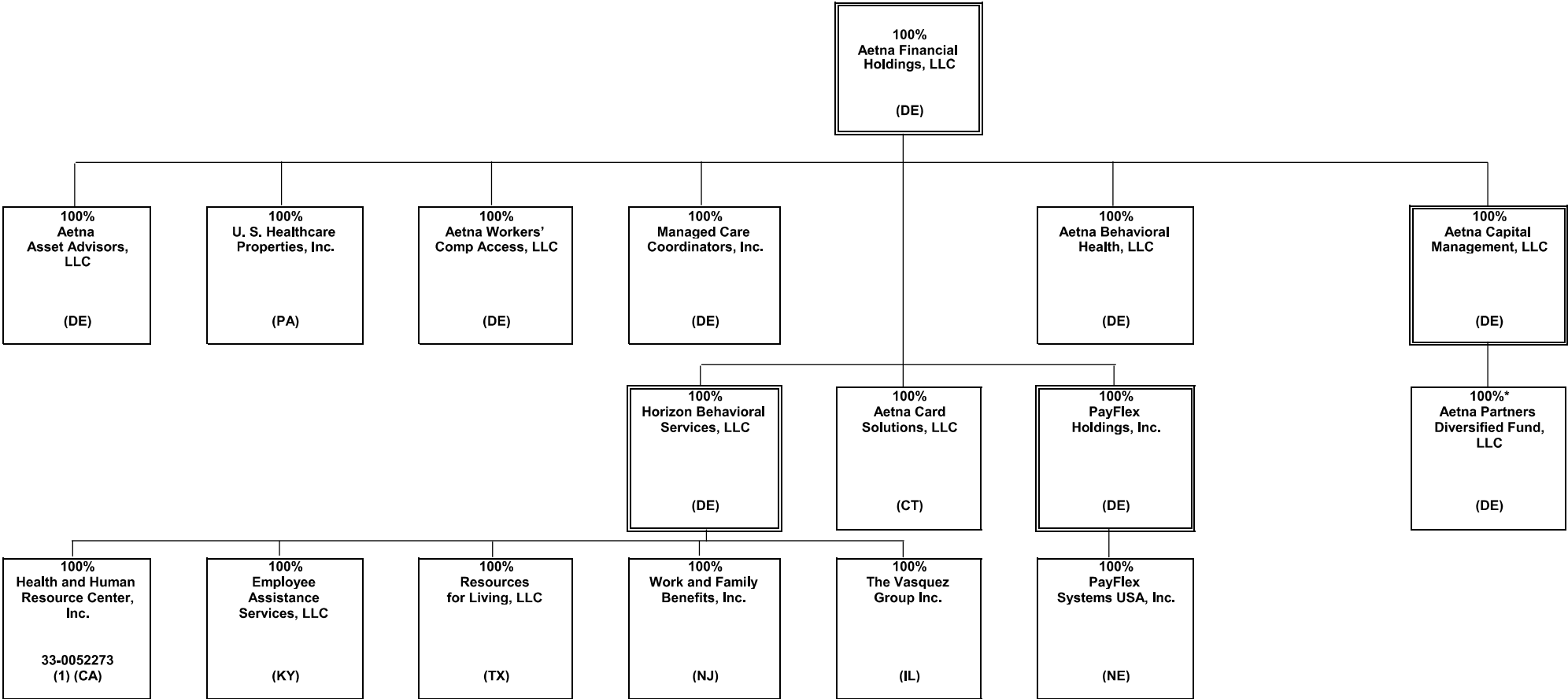
PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.
*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.
*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

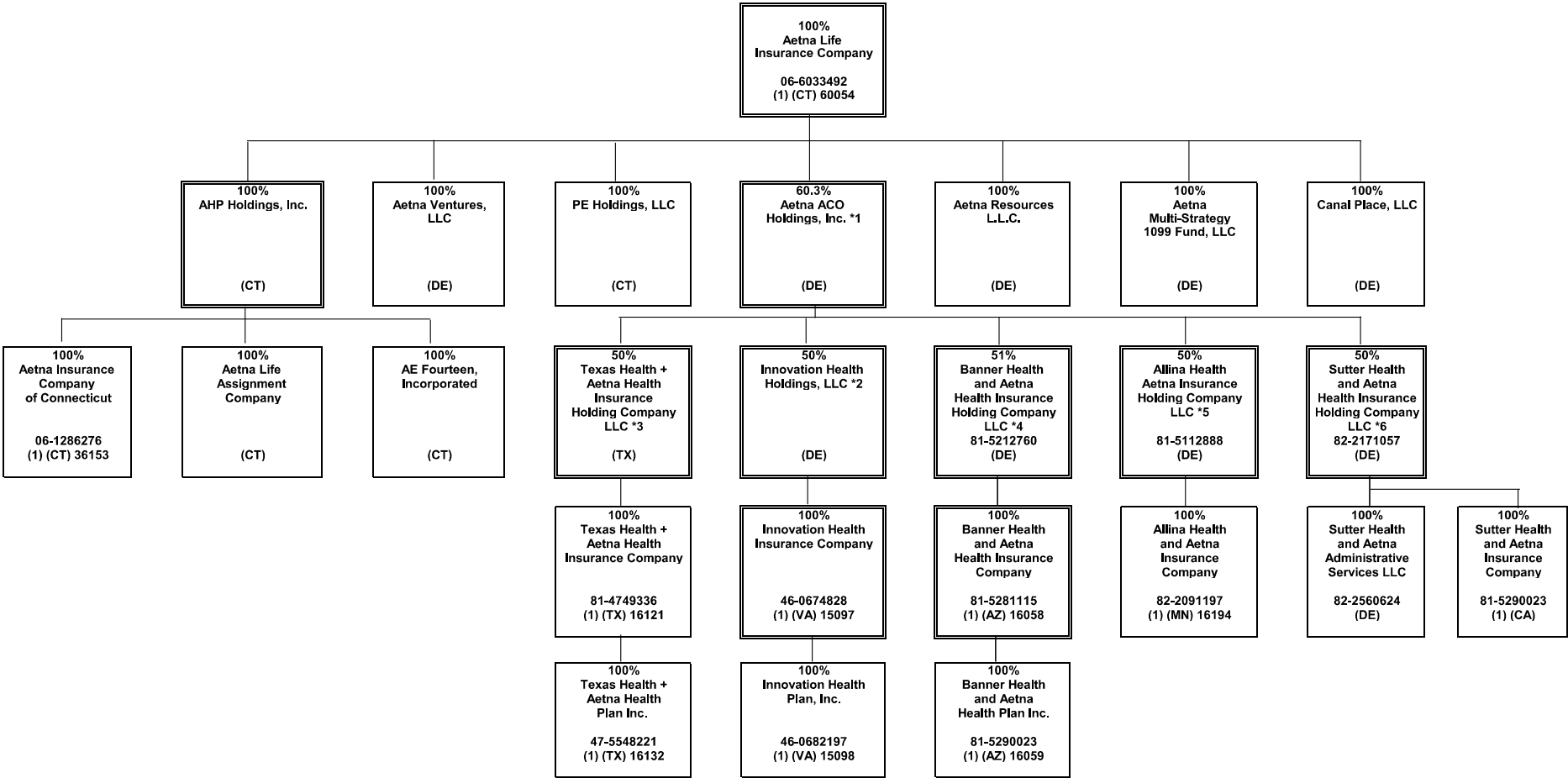
PART 1 - ORGANIZATIONAL CHART



* Aetna Life Insurance Company owns substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	RE	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	67660	23-1305366				Pennsylvania Life Insurance Co.	PA	IA	UAC Holding, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0340626				CVS Pharmacy, Inc	RI	UIP	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	20-8404182				Caremark, Rx., L.L.C.	DE	UIP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	87-0804047				MemberHealth L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	27-1298765				UAC Holding, Inc	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	UIP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	30-0123754	0	0		Aetna Health Holdings, LLC	DE	UDP	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	95-3402799	0	0		Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95935	23-2442048	0	0		Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95088	59-2411584	0	0		Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95094	58-1649568	0	0		Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95517	01-0504252	0	0		Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95756	23-2861565	0	0		Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95287	52-1270921	0	0		Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95234	22-2663623	0	0		Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14408	45-2634734	0	0		Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95490	76-0189680	0	0		Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95040	74-1844335	0	0		Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	12328	20-2207534	0	0		Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	06-1160812	0	0		Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	11183	22-2990909	0	0		Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95910	06-1177531	0	0		Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	30-0123760	0	0		Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	13-3670795	0	0		Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	22-3187443	0	0		Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	57-1209768	0	0		Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	20-1274723	0	0		Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	23-2671370	0	0		@Credentiaals Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000		0	0		Aetna Services (Thailand) Limited	THA	NIA	Health Care Management Co. Ltd.	Ownership	100.000	CVS Health Corporation	.N	.19
.0001	CVS HEALTH GROUP	13735	27-0563973	0	0		Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	13174	26-2867560	0	0		Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	47-5178095	0	0		Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14043	27-2512072	0	0		Aetna Better Health Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15805	47-3850677	0	0		Aetna Health of Ohio Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15616	80-0629718	0	0		Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	80-0671703	0	0		Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14229	25-2764938	0	0		Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15611	46-3203088	0	0		Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15919	81-1143850	0	0		Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	04-2708160	0	0		Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	73-1702453	0	0		Delaware Physicians Care, Incorporated	DE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	01-0826783	0	0		Schaller Anderson Medical Administrators, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	86-0842559	0	0		Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	45-2944270	0	0		iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0001	CVS HEALTH GROUP	00000	16-1471176	0	0		Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	45-5527797	0	0		Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	6
0001	CVS HEALTH GROUP	15097	46-0674828	0	0		Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15098	46-0682197	0	0		Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-3789357	0	0		Texas Health + Aetna Health Insurance Holding Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	9
0001	CVS HEALTH GROUP	16121	81-4749336	0	0		Texas Health + Aetna Health Insurance Company	TX	IA	Texas Health + Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16132	47-5548221	0	0		Texas Health + Aetna Health Plan Inc.	TX	IA	Texas Health + Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95109	23-2169745	0	0		Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	20-0438576	0	0		Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-2200070	0	0		Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0632355	0	0		Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1760756	0	0		Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	31-1368946	0	0		American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1264154	0	0		Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0537707	0	0		Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0527428	0	0		Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1684061	0	0		U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1670299	0	0		Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1348032	0	0		Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	68500	62-1181209	0	0		Continental Life Insurance Company of Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12321	20-2901054	0	0		American Continental Insurance Company	TN	IA	Continental Life Insurance Company of Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	60054	06-6033492	0	0		Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	06-1270755	0	0		AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	36153	06-1286276	0	0		Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1028469	0	0		AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1373153	0	0		Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3678339	0	0		PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1423207	0	0		Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700	0	0		Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700	0	0		Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	0001552250	0	0001552250		Aetna Multi-Strategy 1099 Fund, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	79.250	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	41-2035961	0	0		Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-2030792	0	0		Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2354500	0	0		U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	38-3704481	0	0		Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	11-3667142	0	0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	N	1
0001	CVS HEALTH GROUP	00000	20-0446676	0	0		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-0446713	0	0		Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2670015	0	0		Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3269144	0	0		Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	61-1193498	0	0		Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	33-0052273	0	0		Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	75-2420973	0	0		Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-3681261	0	0		The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	22-3178125	0	0		Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1773021	0	0		Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0001	CVS HEALTH GROUP	00000	20-5216478	0	0		PayFlex Holdings, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	91-1774434	0	0		PayFlex Systems USA, Inc.	NE	NIA	PayFlex Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	78700	06-0876836	0	0		Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	72052	23-2710210	0	0		Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	84450	57-0805126	0	0		Aetna Health Insurance Company of New York	NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1571642	0	0		Aetna International Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	98-0211470	0	0		Aetna Life & Casualty (Bermuda) Ltd.	BMU	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance (Singapore) PTE. LTD.	SGP	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	80.000	CVS Health Corporation	N	4
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	N	5
							Aetna Global Benefits (Asia Pacific) Limited								
0001	CVS HEALTH GROUP	00000		0	0			HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Spinnaker Topco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		PT Aetna Management Consulting	IDN	NIA	Aetna International Inc.	Ownership	77.000	CVS Health Corporation	N	13
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	N	0
										Aetna Global Benefits (Asia Pacific) Limited					
0001	CVS HEALTH GROUP	00000		0	0		Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	0.020	CVS Health Corporation	N	2
							Aetna Health Insurance Company of Europe DAC								
0001	CVS HEALTH GROUP	00000		0	0			IRL	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
							Aetna (Shanghai) Enterprise Services Co. Ltd.								
0001	CVS HEALTH GROUP	00000		0	0			CHN	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
							Aetna (Beijing) Enterprise Management			Aetna (Shanghai) Enterprise Services Co.					
0001	CVS HEALTH GROUP	00000		0	0		Services Co., Ltd.	CHN	NIA	Ltd.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
										Aetna Global Benefits (Singapore) PTE, LTD.					
0001	CVS HEALTH GROUP	00000		0	0		Indian Health Organisation Private Limited	IND	NIA		Ownership	99.980	CVS Health Corporation	N	2
0001	CVS HEALTH GROUP	00000	22-2578985	0	0		AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Holdings Limited	GBR	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Korea Ltd.	KOR	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance (Hong Kong) Limited	HKG	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1182176	0	0		PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	N	7
0001	CVS HEALTH GROUP	00000	52-2182411	0	0		Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-0970432	0	0		Health Data & Management Solutions, Inc.	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2604867	0	0		Aetna Integrated Informatics, Inc.	PA	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	13980	27-2192415	0	0		Health Re, Inc.	VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-0579372	0	0		Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	46-2469464	0	0		Healthagen LLC	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	51-0029326	0	0		ASI Wings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	81973	75-1296086	0	0		Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
							Aetna Better Health of Kentucky Insurance			Coventry Health and Life Insurance Company					
0001	CVS HEALTH GROUP	15761	47-3279217	0	0		Company	KY	IA		Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1801446	0	0		Group Dental Service, Inc.	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95846	52-2056201	0	0		Group Dental Service of Maryland, Inc.	MD	IA	Group Dental Service, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP		81-4345344	0	0		Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0001	CVS HEALTH GROUP	95241	42-1244752	0	0		Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95925	42-1308659	0	0		Coventry Health Care of Nebraska, Inc.	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
							Aetna Risk Assurance Company of Connecticut Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-2049117	0	0		Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95173	74-2381406	0	0		HealthAssurance Pennsylvania, Inc.	PA	RE	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	11102	23-2366731	0	0		Coventry Prescription Management Services, Inc.								
0001	CVS HEALTH GROUP	00000	47-0854096	0	0		Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16148	81-3564875	0	0		Coventry Health Care of Virginia, Inc.	NV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96555	54-1576305	0	0		Coventry Transplant Network, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	01-0646056	0	0		Coventry Health Care of Missouri, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96377	43-1372307	0	0		Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95318	43-1702094	0	0		Coventry Health Care of West Virginia, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95408	55-0712129	0	0		Coventry HealthCare Management Corporation	WV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	62-1411933	0	0		Aetna HealthAssurance Pennsylvania, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15827	47-4352768	0	0		Coventry Health Care of Kansas, Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95489	48-0840330	0	0		Aetna Better Health of Kansas Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16072	81-3370401	0	0		Aetna Better Health of Michigan Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12193	20-1052897	0	0		Aetna Health of Utah Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95407	87-0345631	0	0		Aetna Health of Texas Inc.	UT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4416606	0	0		Coventry Health Care of Illinois, Inc.	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	74160	37-1241037	0	0		Coventry Health Care National Accounts, Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
							Coventry Health Care National Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-5185442	0	0		Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-1293772	0	0		Coventry Health Care Workers Compensation, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-8376354	0	0		First Script Network Service, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4096903	0	0		MetraComp, Inc.	NV	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1095987	0	0		Medical Examinations of New York, P.C.	CT	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	74-2879984	0	0		FOCUS Healthcare Management, Inc.	NY	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	8
0001	CVS HEALTH GROUP	00000	62-1266888	0	0		Coventry Rehabilitation Services, Inc.	TN	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0443226	0	0		First Health Group Corp.	DE	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1736437	0	0		First Health Life & Health Insurance Company	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	90328	38-2242132	0	0		Claims Administration Corp.	TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1320522	0	0		Florida Health Plan Administrators, LLC	MD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1130063	0	0		Coventry Health Care of Florida, Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95114	65-0986441	0	0		Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95266	65-0453436	0	0		Carefree Insurance Services, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3750548	0	0		bswift LLC	FL	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-4391310	0	0		Virtual Home Healthcare L.L.C.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-1582982	0	0		MHNet Specialty Services, LLC	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	N	17
0001	CVS HEALTH GROUP	00000	37-1448790	0	0		Mental Health Network of New York IPA, Inc.	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12509	20-2516317	0	0		MHNet Life and Health Insurance Company	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	72-1106596	0	0		Mental Health Associates, Inc.	TX	IA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4276336	0	0		MHNet of Florida, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16242	81-5030233	0	0		Aetna Better Health of Washington, Inc.	FL	IA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP						Aetna Better Health of Washington, Inc.	WA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0001	CVS HEALTH GROUP	..00000	81-5212760	0	0		Banner Health and Aetna Health Insurance Holding Company LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	..51.000	CVS Health Corporation	..N	..10
..0001	CVS HEALTH GROUP	..16058	81-5281115	0	0		Banner Health and Aetna Health Insurance Company	..AZ	..IA	Banner Health and Aetna Health Insurance Holding Company LLC	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..16059	81-5290023	0	0		Banner Health and Aetna Health Plan Inc.	..AZ	..IA	Banner Health and Aetna Health Insurance Company	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	81-5112888	0	0		Allina Health and Aetna Health Insurance Holding Company LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	..50.000	CVS Health Corporation	..N	..11
..0001	CVS HEALTH GROUP	..16194	82-2091197	0	0		Allina Health and Aetna Insurance Company Sutter Health and Aetna Insurance Holding Company LLC	..MN	..IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	82-2171057	0	0		Sutter Health and Aetna Administrative Services LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	..50.000	CVS Health Corporation	..N	..12
..0001	CVS HEALTH GROUP	..00000	82-2560624	0	0		Sutter Health and Aetna Insurance Holding Company LLC	..DE	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	81-5290023	0	0		Sutter Health and Aetna Insurance Company	..CA	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Holdings (Thailand) Limited	..THA	..NIA	Aetna Global Holdings Limited	Ownership	..49.000	CVS Health Corporation	..N	..14
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Aetna Global Holdings Limited	Ownership	..25.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Minor Health Enterprise Co. Ltd.	Ownership	..46.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Health Care Management Co. Ltd.	Ownership	..28.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Health Care Management Co. Ltd.	..THA	..NIA	Aetna Global Holdings Limited	Ownership	..49.000	CVS Health Corporation	..N	..18
..0001	CVS HEALTH GROUP	..00000		0	0		Minor Health Enterprise Co. Ltd.	..THA	..NIA	Aetna Global Holdings Limited	Ownership	..25.000	CVS Health Corporation	..N	..16
..0001	CVS HEALTH GROUP	..00000		0	0		Minor Health Enterprise Co. Ltd.	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership	..75.000	CVS Health Corporation	..N	..16
..0001	CVS HEALTH GROUP	..00000		0	0		Health Care Management Co. Ltd.	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership	..51.000	CVS Health Corporation	..N	..18
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Global Benefits (Bahamas) Limited	..BHS	..NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Pharmacy Management Services LLC	..DE	..NIA	Aetna Health Holdings, LLC	Ownership	..100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	82-3333789	0	0		Aetna Better Health of North Carolina Inc.	..NC	..IA	Aetna Health Holdings, LLC	Ownership	..100.000	CVS Health Corporation	..N	..0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

YES

Explanation:

Bar Code:

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage investment and commitment fees		
9. Total foreign exchange change in book value/recorded investment including accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,192,410	2,830,096
2. Cost of bonds and stocks acquired		1,096,109
3. Accrual of discount	6,840	4,201
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	4,252	227,417
6. Deduct consideration for bonds and stocks disposed of	4,252	795,507
7. Deduct amortization of premium		579
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		169,327
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	3,199,250	3,192,410
12. Deduct total nonadmitted amounts	500,933	500,693
13. Statement value at end of current period (Line 11 minus Line 12)	2,698,317	2,691,717

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	3,196,970			2,280	3,194,690	3,196,970	3,199,250	3,192,410
2. NAIC 2 (a)	0				0	0	0	0
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0		3,164	3,164	0	0	0	0
7. Total Bonds	3,196,970	0	3,164	5,444	3,194,690	3,196,970	3,199,250	3,192,410
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	3,196,970	0	3,164	5,444	3,194,690	3,196,970	3,199,250	3,192,410

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	131,642,088	162,285,996
2. Cost of cash equivalents acquired	2,610,521,127	5,588,713,131
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	2,627,623,063	5,619,357,039
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	114,540,152	131,642,088
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	114,540,152	131,642,088

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

SCHEDULE D - PART 4

	CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation and Admini- strative Symbol /Market Indicator (a)	
											11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
.368290-AA-3	US Specialty Revenue & Special Assignment		.08/22/2019	Bank of America		3,164		3,164	3,164						0		0	3,164		0	XXX	XXX	
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions						3,164		3,164	3,164	0		0	0	0	0	0	3,164	0	3,164	3,164	0	XXX	XXX
8399997. Total - Bonds - Part 4						3,164		3,164	3,164	0		0	0	0	0	0	3,164	0	3,164	3,164	0	XXX	XXX
8399998. Total - Bonds - Part 5						XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds						3,164		3,164	3,164	0		0	0	0	0	0	3,164	0	3,164	3,164	0	XXX	XXX
8999997. Total - Preferred Stocks - Part 4						0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0		XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						3,164		XXX	3,164	0		0	0	0	0	0	3,164	0	3,164	3,164	0	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
Bank of America Concord, CA					835,657	1,086,318	4,461,816	XXX
Bank of America Concord, CA					(15,342,822)	(14,993,761)	(15,597,479)	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(14,507,165)	(13,907,443)	(11,135,663)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(14,507,165)	(13,907,443)	(11,135,663)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(14,507,165)	(13,907,443)	(11,135,663)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 OF THE SilverScript Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	1,941,807,051	XXX	4,821,312	XXX	1,946,628,363
2. Earned Premiums	2,076,401,515	XXX	4,584,914	XXX	XXX
3. Claims Paid	1,819,966,360	XXX	1,852,411	XXX	1,821,818,771
4. Claims Incurred	1,815,427,019	XXX	1,847,568	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX	(352,901,106)	XXX	262,570,147	(90,330,959)
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid	274,435,419	XXX	605,982	XXX	275,041,401
8. Expenses Incurred	253,113,939	XXX	558,902	XXX	XXX
9. Underwriting Gain or Loss	7,860,557	XXX	2,178,444	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(59,900,850)

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 528,906,055 due from CMS or \$ 376,523,454 due to CMS